

TAMALA HOLLAND
PARALEGAL SPECIALIST
DESIGNATED OFFICE
(703) 305-6463

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)						SERIAL NO.	FILING DATE					
						APPLICANT(S)						
CLAIMS												
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*			
IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1						51						
2						52						
3						53						
4						54						
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43						93						
44						94						
45						95						
46						96						
47						97						
48						98						
49						99						
50						100						
TOTAL IND.	/					TOTAL IND.						
TOTAL DEP.	/					TOTAL DEP.						
TOTAL CLAIMS	/					TOTAL CLAIMS						